

Space Maintenance

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| Related Dental Policies |
|-------------------------|
| None |

Coverage Rationale

Space Maintainers are indicated for maintaining space due to premature loss of a primary tooth/teeth.

Space Maintainers are contraindicated for the following:

- When permanent tooth/teeth is/are close to eruption
- Member is not compliant or has poor oral hygiene
- Severe crowding already exists
- Space has already been lost

Definitions

Space Maintainer: A passive appliance, usually cemented in place, that holds teeth in position. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CDT Code | Description |
|----------|--|
| D1510 | Space maintainer – fixed – unilateral – per quadrant |
| D1516 | Space maintainer – fixed – bilateral, maxillary |
| D1517 | Space maintainer – fixed – bilateral, mandibular |
| D1520 | Space maintainer – removable – unilateral – per quadrant |
| D1526 | Space maintainer – removable – bilateral, maxillary |
| D1527 | Space maintainer – removable – bilateral, mandibular |

| CDT Code | Description |
|----------|--|
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant |
| D1557 | Removal of fixed bilateral space maintainer – maxillary |
| D1558 | Removal of fixed bilateral space maintainer – mandibular |
| D1575 | Distal shoe space maintainer – fixed – unilateral – per quadrant |
| D1999 | Unspecified preventive procedure, by report |

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Description of Services

Space Maintainers are passive appliances designed to prevent tooth movement following premature loss of primary teeth so permanent teeth can erupt into proper position. Additionally, the goal of space maintenance is to prevent loss of arch length, width and perimeter by maintaining the relative position of the existing dentition.

References

Alnahwi HH, Donly KJ, Contreras CI. Space loss following premature loss of primary second molars. *Gen Dent.* 2015 Nov-Dec;63(6):e1-4. Erratum in: *Gen Dent.* 2016 Jan-Feb;64(1):79.

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American Dental Association (ADA) CDT 2023 Dental Procedure Code Book.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Basavaraj Subhashchandra Phulari. *Orthodontics: Principles and Practice.* Chapter 19 Preventive Orthodontics. Jaypee Brothers Medical Publishers; 2011. p. 244-245.

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Guideline History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 12/01/2023 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed content addressing coverage limitations and exclusions <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of “Necessary” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version DCG035.07 |

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or

state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.